

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

)
In Re)
Kyle David Treadway and Alivia) Case Number 19-13484
Nadine Treadway,)
Debtor) Chapter 7
)

COVER SHEET

COMES NOW Luke Homen of Luke Homen Law, PLLC, and files the attached document on behalf of his client, Kyle David Treadway and Alivia Nadine Treadway.

Luke Homen Law, PLLC
Attorney for Kyle David Treadway and Alivia Nadine Treadway

By: /s/ Luke Homen
Luke Homen
OK Bar #32243
10313 Greenbriar Parkway
Oklahoma City, Oklahoma 73159
phone: (405) 639-2099
fax: (405) 252-1654
luke@lukehomenlaw.com

Fill in this information to identify your case:

Debtor 1 Kyle David Treadway
First Name Middle Name Last Name

Debtor 2 Alivia Nadine Treadway
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION

Case number 19-13484
(if known)

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from Schedule A/B..... \$ 87,000.00
- 1b. Copy line 62, Total personal property, from Schedule A/B..... \$ 25,795.00
- 1c. Copy line 63, Total of all property on Schedule A/B..... \$ 112,795.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)
- 2a. Copy the total you listed in Column A *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*... \$ 101,745.00
3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..... \$ 0.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*..... \$ 120,668.29

Your total liabilities \$ 222,413.29

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)
Copy your combined monthly income from line 12 of *Schedule I*..... \$ 4,047.00
5. **Schedule J: Your Expenses** (Official Form 106J)
Copy your monthly expenses from line 22c of *Schedule J*..... \$ 3,880.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Treadway, Kyle David & Treadway, Alivia**
 Debtor 2 **Nadine**

Case number (if known) **19-13484**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,117.22

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case:

Debtor 1 Kyle David Treadway
First Name Middle Name Last Name

Debtor 2 Alivia Nadine Treadway
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION

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Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Integrus Medical Group Nonpriority Creditor's Name PO Box 14000 Belfast, ME 04915-4033 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$0.00

Debtor 1
Debtor 2 **Treadway, Kyle David & Treadway, Alivia Nadine** Case number (if known) **19-13484**

4.2	OKC Kids Urology Nonpriority Creditor's Name 9900 Broadway Ext Ste 100 Oklahoma City, OK 73114-6323 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$730.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.3	Pediatric Medical Group Inc. Nonpriority Creditor's Name PO Box 88087 Chicago, IL 60680-1087 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$360.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.4	Shawnaree L Lee, DO Nonpriority Creditor's Name 3433 NW 56th St Ste 210-B Oklahoma City, OK 73112-4455 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$450.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1
Debtor 2 **Treadway, Kyle David & Treadway, Alivia Nadine**Case number (if known) **19-13484**

Name and Address

Integrus
PO BOX 2588777
Oklahoma City, OK 73101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>0.00</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>1,540.00</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>1,540.00</u>

Fill in this information to identify your case:

Debtor 1 Kyle David Treadway
First Name Middle Name Last Name

Debtor 2 Alivia Nadine Treadway
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION

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(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kyle David Treadway
Kyle David Treadway
 Signature of Debtor 1

Date December 2, 2019

X /s/ Alivia Nadine Treadway
Alivia Nadine Treadway
 Signature of Debtor 2

Date December 2, 2019

Fill in this information to identify your case:

Debtor 1 **Kyle David Treadway**
First Name Middle Name Last Name

Debtor 2 **Alivia Nadine Treadway**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION**

Case number **19-13484**
(if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☐ creditors have claims secured by your property, or
- ☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Communication Fcu Description of property securing debt: 217 S Telephone Rd, Moore, OK 73160-4934	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Nationstar/mr Cooper Description of property securing debt: 217 S Telephone Rd, Moore, OK 73160-4934	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?

Debtor 1
Debtor 2 **Treadway, Kyle David & Treadway, Alivia Nadine**

Case number (if known) **19-13484**

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Kyle David Treadway

Kyle David Treadway

Signature of Debtor 1

Date December 2, 2019

X /s/ Alivia Nadine Treadway

Alivia Nadine Treadway

Signature of Debtor 2

Date December 2, 2019

Integriss
PO BOX 2588777
Oklahoma City, OK 73101

Integriss Medical Group
PO Box 14000
Belfast, ME 04915-4033

OKC Kids Urology
9900 Broadway Ext Ste 100
Oklahoma City, OK 73114-6323

Pediatric Medical Group Inc.
PO Box 88087
Chicago, IL 60680-1087

Shawnaree L Lee, DO
3433 NW 56th St Ste 210-B
Oklahoma City, OK 73112-4455

CERTIFICATE OF SERVICE

I certify that on December 2, 2019, I electronically transmitted this document, filed on December 2, 2019, to the Clerk of the Court using the ECF System for filing. Based on the records currently on file, the Clerk of Court will transmit the Amended Schedules to all ECF registrants, to include the following:

Office of the AUST

John Mashburn
Chapter 7 Trustee

Pursuant to Bankruptcy Rule 1009, I certify that on December 2, 2019, a true and correct copy of this document, the Official Form 309A: Notice of Chapter 7 Bankruptcy Case – No Proof of Claim Deadline and Order of Discharge, was forwarded via U.S. Mail, first class postage prepaid and properly addressed, to the following at the addresses shown below and upon those parties in interest as listed on the following attached page(s):

/s/ Luke Homen

Luke A. Homen, OBA# 32243
Luke Homen Law, PLLC
10313 Greenbriar Parkway
Oklahoma City, Oklahoma 73159
luke@lukehomenlaw.com
phone: (405) 639-2099
fax: (405) 252-1654

Integriss
PO BOX 2588777
Oklahoma City, OK 73101

Integriss Medical Group
PO Box 14000
Belfast, ME 04915-4033

OKC Kids Urology
9900 Broadway Ext Ste 100
Oklahoma City, OK 73114-6323

Pediatric Medical Group Inc.
PO Box 88087
Chicago, IL 60680-1087

Shawnaree L Lee, DO
3433 NW 56th St Ste 210-B
Oklahoma City, OK 73112-4455